

Entered - 03/06/00 - sb  
CL00L0139- ALEXIS HOLMES

CLAIM OF: EVELYN M. BUSH  
907 Hank Aaron Drive, SW  
Atlanta, Georgia 30315

01-R-1536

For damages alleged to have been sustained as a result of property  
damage from tree falling due to ice storm on January 23, 2000 at 907  
Hank Aaron Drive, SW.

THIS ADVERSED REPORT IS APPROVED

BY:

  
\_\_\_\_\_  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

  
Robert N. C. DCA

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0139

Date: September 10, 2001

Claimant /Victim EVELYN M. BUSH

BY: (Atty)(Ins. Co.)

Address: 907 Hank Aaron Drive, SW, Atlanta, Georgia 30315

Subrogation: Claim for Property damage \$ 4,855.00 Bodily Injury \$

Date of Notice: 02/23/00 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 01/23/00 Place: 907 Hank Aaron Drive, SW

Department PRCA Division: Parks

Employee involved Disciplinary Action:

**NATURE OF CLAIM:** The claimant alleges her property was damaged when a tree fell onto her house during an ice storm. The City had no notice of any problems with the tree prior to this incident. Furthermore, the City is immune from liability as set forth in O.C.G.A. §36-33-1.

### INVESTIGATION:

Statements: City employee Claimant Others Written Oral

Pictures Diagrams Reports: Police Dept Report X Other

Traffic citations issued: City Driver Claimant Driver

Citation disposition: City Driver Claimant Driver

### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial

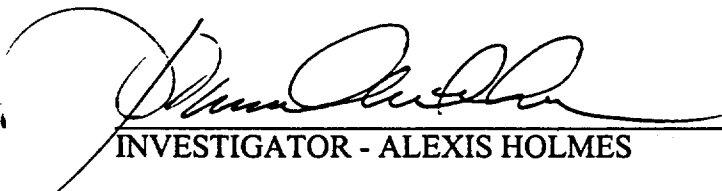
Improper Notice More than Six Months Other X Damages reasonable

City not involved Offer rejected Compromise settlement

Repair/replacement by Ins. Co. Repair/replacement by City Forces

Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,

  
INVESTIGATOR - ALEXIS HOLMES

### RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01

Claims Manager: Concur/date 09-10-01

Committee Action: Council Action

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK

City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: Feb. 18, 2000

02-23-00P05:22 RCVD

ENTERED - 3-6-00 - SB  
00LO139 - DOBBS JORDAN

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 4,855.00 + Plus property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: JAN 23, 2000 (month/day/year) 2. Time of Incident: 7:30 A.M. 3. Police called: X Yes    No
4. Location of incident (including street address): 907 Hank Aaron Drive, S.W. Atlanta, Ga. 30315
5. Name of your insurance company: Voyager Indemnity Ins. Co. Policy No. SIU300481
6. State what and how incident occurred: During the Ice Storm, a tree belonging to the City of Atlanta fell on my House and Car and the House next door. My Insurance Co. is paying for the damages (Which may increase in price after they start work). I feel that the city should at least be responsible for the \$250.00 Deductible.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: \_\_\_\_\_  
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: Darel Southall - City of Atlanta, Forestry Department  
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE  
INFORMATION IS TRUE AND CORRECT.

Evelyn M. Bush  
Signature of Claimant

Evelyn M. Bush  
(Print Claimant's Name)

907 Hank Aaron Dr. S.W.  
(Address)

Atlanta, Ga. 30315  
(City, State and Zip Code)

404-524-3749  
(Work Number) (Home Number)

01-R -1536